

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18244

State File No.

FILED MAY 20 1943 174

Registration District No.

Primary Registration District No.

3035

Registrar's No.

30

1. PLACE OF DEATH:

(a) County Salisbury
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1701 South St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether
In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME

BERTHA PETSCH

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced
7. Birth date of deceased Sept. 25 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Lexington Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Henry Haiskel

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Klesch

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Schuber

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington

18. (a) Signature of funeral director W. H. Schuber

(b) Address Lexington Mo

19. (a) May 5-43 (Date received local registrar) (b) W. H. Schuber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Salisbury
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. 1701 South St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from 1/26/43 1943 to 4/25 1943 that I last saw him alive on 4/25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Uteri

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature W. H. Schuber (M. D. or other)

Address Lexington Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Fayne

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Wm. A. McKean

Licensed Embalmer No. 2983

P. O. Address Livingston Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.